DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: CHAMBERS HANSON (190097) Address: 2305 17TH AVE, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 08/31/1998

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey	History

Survey ID: 0096159 End Date: 12/21/2005 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008313 Served 01/13/2006

Deficiencies Cited Subject Area Subject Area Corrected

88.09(2)(a)8 TRAINING DOCUMENTATION

Survey ID: 0091708 End Date: 12/16/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007917 Served 12/20/2003

Compliance Verified Deficiencies Cited Subject Area Corrected 88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION 12/21/2005 Yes 88.07(3)(d) 12/21/2005 MEDICATION- WRITTEN ORDER Yes 88.07(3)(e)2 MEDICATION- RECORD OF SIDE EFFECTS 12/21/2005 Yes

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